

**Massachusetts Department of Housing and Community Development (DHCD)**

**“Existing” Project-Based Voucher (PBV) Application Review Criteria**

**Amended July 11, 2006**

**In Accordance With PBV Regulations Published October 13, 2005**

<input type="checkbox"/> Date Proposal Received: _____
<input type="checkbox"/> Project Address: _____ City/town _____ Zip _____
<input type="checkbox"/> _____ Owner Name _____ Address _____ Zip _____ Phone _____
<input type="checkbox"/> _____ Project Sponsor (If applicable) _____ Address _____ Zip _____ Phone _____
<input type="checkbox"/> PBV Assistance requested for a total of _____ units with the following bedroom distribution: SRO: _____ Enhanced SRO(ESRO): _____ Efficiency (0BR): _____ 1BR: _____ 2BR: _____ 3BR: _____ 4BR: _____ 5BR: _____ Other _____
<input type="checkbox"/> Total number of units in building: _____ <input type="checkbox"/> % of total units in building requested to receive PBV assistance: _____%

**Threshold Requirements**

**1. Maximum Proposal Request 8 or Less Units:**

☐ Yes ☐ No

**2. Unit Size**

a. Units with 2+ bedrooms.

☐ Yes ☐ No

b. SRO – Enhanced SRO – 0BR Units for Homeless or At Risk of Homelessness.

☐ Yes ☐ No

c. 0 Br or 1 BR for Disabled and/or Assisted Living Units for Elderly or Disabled.

☐ Yes ☐ No

N.B. Per the “existing” PBV NOFA, a maximum of 30 PBVs may be

awarded to this population in a calendar year. How many

of the current CY's 30 PBVs are available for this target population? \_\_\_\_\_

## 2. Unit Condition:

Units in B+/A condition, per DHCD's housing quality standards grading scale. ☐Yes ☐No  
(Preliminary verification from DHCD Housing Inspection Supervisor and/or RAA Inspection Supervisor)

## 3. Deed Restriction and/or Unit Vacancy

☐ **Deed Restriction:** Units in a building subject to an affordable housing deed restriction under a government program with at least 20 years remaining. ☐Yes ☐No  
Program(s) requiring restriction: \_\_\_\_\_

☐ Copy of deed restriction included with application. ☐Yes ☐No

No. of Years Remaining on Restriction: \_\_\_\_\_

☐ **Occupancy:** Number of Units Vacant: \_\_\_\_\_ Number of Units Occupied: \_\_\_\_\_

APPLICATION MEETS THRESHOLD REQUIREMENTS: ☐ YES ☐ NO

## **Key Project Information**

### 1. Rents

- ◆ Are within maximum gross rent limits ☐ YES ☐ NO
- ◆ Rents in LIHTC and/or HOME units are within prescribed limits. ☐ YES ☐ NO

### 2. Requested Contract Term

- ◆ Length of HAP contract term requested: \_\_\_\_\_
- ◆ Owner willing to accept an extension of the contract if it were approved by the housing agency ☐ Yes ☐ No

### 3. Owner Experience Managing and Maintaining Subsidized Rental Housing

- ☐ Owner has participated in one or more rental assistance programs and has not had any units terminated for cause.
- ☐ Owner has participated in one or more rental assistance programs and has had one or more units terminated for cause.
- ☐ Owner has never participated in a rental assistance program.

### 4. Unit/Community Amenities

#### Handicapped Accessible Units

- ☐ More than 5% of PBA units are handicapped/sensory impaired accessible.
- ☐ One or more units but under 5% are handicapped/sensory impaired accessible.
- ☐ No units are handicapped/sensory impaired accessible.

#### Community Amenities

- ☐ Generally within less than .5 miles
- ☐ Generally within 1 mile
- ☐ Generally over 1 mile

#### Unit Amenities

- ☐ Building has multiple amenities (more than 4)
- ☐ Building has some amenities (between 2 and 4)
- ☐ Building has few, if any, amenities

### 5. Tenant Selection Criteria and Plan

Plan clearly articulates tenant selection criteria and acknowledges that all vacancies will be filled by referrals from RAA waiting list.   ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Satisfactory   ☐ Unsatisfactory

Selection criteria are consistent with DHCD preference requirements.   ☐ Yes   ☐ No

Selection criteria treat assisted and unassisted tenants equally, with exceptions permitted for benefit subsidy will provide.   ☐ Yes   ☐ No

## For “Qualifying” Families

- ◆Number of “excepted” units for qualifying families requested: \_\_\_\_\_
- ◆Brief description of “qualifying” family:
- ◆Application defines the target population to be supported and presents a comprehensive plan to assure they will receive necessary services and can achieve the goals established for them as a measure of their success on the PBV program.    ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Satisfactory    ☐ Unsatisfactory
- ◆Letters of intent to provide services are included.    ☐ Yes    ☐ No
- ◆Application clearly describes the process for screening prospective qualifying families.    ☐ Yes    ☐ No
- ◆ Application describes a clear and realistic process for keeping qualifying units quickly filled at vacancy.    ☐ Yes    ☐ No
- ◆Application includes a clear and accessible process for applicants to appeal an eligibility determination.    ☐ Yes    ☐ No
- ◆Application includes a clear and realistic approach for monitoring family receipt of services.    ☐ Yes    ☐ No
- ◆Application has clearly defined an appropriate termination process.    ☐ Yes    ☐ No

## For Disabled Households Needing Services

- ◆Describe target disability population to be served:
- ◆Selection requirements comply fully with the requirements found in both HUD regulations at 24 CFR Part 983.251(d) and DHCD’s Administrative Plan.    ☐ Yes    ☐ In most, but not all instances.    ☐ No
- Areas not addressed/not in compliance:
- ◆Applicant will utilize appropriate and skilled professional entities to make the eligibility determination.    ☐ Yes    ☐ No
- ◆ Letters of intent to provide services are included.    ☐ Yes    ☐ No
- ◆Application describes a monitoring process to assure that tenants have on-going access to services.    ☐ Yes – Monitoring process is on-going and performed by appropriate personnel.    ☐ Yes – Monitoring process is described but does not appear to be effective.    ☐ No
- ◆Does the applicant have a clear and realistic process for quickly filling the units with eligible tenants upon vacancy?    ☐ Yes    ☐ No
- ◆ Does the applicant have a clear and accessible appeal process for any tenant applicant who believe they were unfairly determined ineligible based their disability and need for services?    ☐ Yes    ☐ No

## 6. Project's Consistency With Statutory Requirement for Deconcentration of Poverty and Expanding Housing and Economic Opportunities

Project's census tract: \_\_\_\_\_ Poverty Rate: \_\_\_\_\_

Check whether the applicant provided sufficient information for each of the required seven criteria:

1. **HUD Designated Zone** Whether the census tract in which the proposal will be located is in a HUD-designated Enterprise Zone, Economic Community, or Renewal Community. ☐ Yes ☐ No ☐ N/A
2. **Public Housing Demolition** Whether a PBV development will be located in a census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition. ☐ Yes ☐ No ☐ N/A
3. **Significant Revitalization** Whether the census tract in which the proposed PBV development will be located is undergoing significant revitalization. ☐ Yes ☐ No
4. **Public Investment** Whether state, local, or federal dollars have been invested in the area that has assisted in the achievement of the statutory requirement. ☐ Yes ☐ No
5. **New Market Rate Units** Whether new market-rate units are being developed in the same census tract where the proposed PBV development will be located and the likelihood that such market-rate units will positively impact the poverty rate in the area. ☐ Yes ☐ No
6. **Decline in Poverty Rate** If the poverty rate in the area where the proposed PBV development will be located is greater than 20 percent, has there been an overall decline in the poverty rate. ☐ Yes ☐ No ☐ N/A
7. **Education and Economic Opportunities** Whether there are meaningful opportunities for educational and economic advancements in the census tract where the proposed PBV development will be located. ☐ Yes ☐ No

Based on the totality of the applicant's responses to each of the above criteria, did the applicant adequately demonstrate that their project achieves the statutory goal of deconcentrating poverty and expanding housing and economic opportunities? ☐ Yes ☐ No

## 7. Need for project-based housing in the community

- ◆ Applicant has provided adequate information and data to support the need for PBV housing in their community. ☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Unsatisfactory
- ◆ If the project is for SRO or ESRO units, the applicant included demographic data to demonstrate that there is a sufficient demand for this type of housing. ☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Unsatisfactory
- ◆ If the project is for SRO or ESRO units, the applicant listed an adequate number of outreach sources to notify when vacancies occur. ☐ Yes ☐ No
- ◆ If the project is for SRO or ESRO units, the applicant included data to demonstrate that existing SRO/ESRO units in the community are continually occupied and easy to fill when vacancies occur. ☐ Yes ☐ No

## 8. Lead Paint Compliance Documentation

- ☐ Application includes either a valid Letter of Compliance issued by a MA licensed lead paint inspector or a building permit that verifies the building was constructed after December 31, 1977. ☐ Yes ☐ No
- ☐ If no, the project includes only SRO or ESRO units, or the application provides documentation indicating that the PBV units must be exclusively occupied by the elderly and/or persons with a disability. ☐ Yes ☐ No

## 9. Plan for Management and Maintenance of Units

- ◆ Application includes comprehensive and positive information about the applicant's experience managing and maintaining rental property including identification of properties managed, any dates of this experience and number of units managed. ☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Unsatisfactory
- ◆ Application includes a written plan for the maintenance of the building's units that identifies how units will be maintained, both on a routine and long-term basis, and includes a discussion about security and health and safety related provisions. ☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Unsatisfactory
- ◆ Application identifies personnel who will perform maintenance of units and common area(s) and notes where they are located and hours of operation. ☐ Yes ☐ No
- ◆ Application includes a written management plan for the building's units that includes at a minimum the personnel who manage the units, their location, hours of operation and other descriptive information about their function. ☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Unsatisfactory
- ◆ Application provides two references who can attest to applicant's rental property management and maintenance experience. ☐ Yes ☐ No

Note names and dates of references contacted and provide brief summary of discussion with them.

Reference No. 1:

Reference No. 2:

## 10. Environmental Review

- ☐ Application included proper documentation to show compliance with 24 CFR Parts 50 and 58. ☐ Yes ☐ No

## 11. Owner's Unit Description Statement

☐ *Owner's Unit Description Statement* was completely filled out and provided appropriate responses. ☐ Yes ☐ No

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Application Reviewed By: \_\_\_\_\_  
Name Title

Date: \_\_\_\_\_

Comments:

Recommendation: ☐ Approve ☐ Send Back for Further Information ☐ Disapprove

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Final Action: ☐ Approve ☐ Disapprove

Date of Final Action: \_\_\_\_\_

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Director, Bureau of Federal Rental Assistance Programs